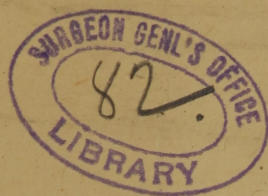
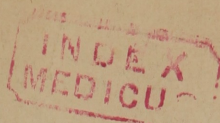


Agnew (C. R.)

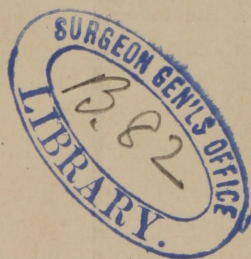
a case of myxofibroma
of the auricle.



Agnew (C.R.)



*With the Compliments of
the Author.*





A CASE OF MYXOFIBROMA OF THE AURICLE.

BY C. R. AGNEW, M. D., NEW YORK.

C. S., aged 11, of Virginia, received a scratch from a toilet pin, at the age of two years, upon his left auricle. The scar soon developed into a distinct tumor, and at the end of eighteen months, being of the size of a buckshot, was removed by the knife.

Almost immediately it returned in the place of the scar, but was not removed until at the end of about two years, when it was carefully dissected from the cartilage, and found to be about three times the size of the original growth. The wound was touched with pure carbolic acid, and allowed to heal by granulation. Again the growth returned, and, having attained the size of double that of the second tumor, was, after the lapse of two years, removed; but on this occasion, as upon the previous ones, in such a manner as to include in the dissection as little as possible of the surrounding tissue.

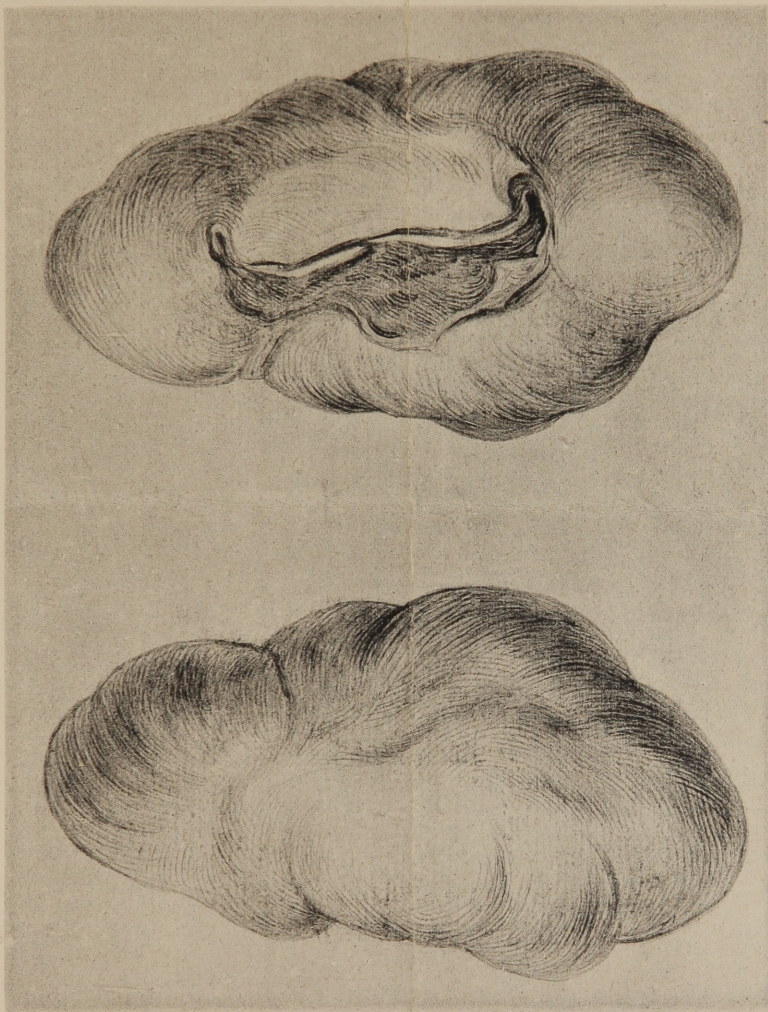
On December 19, 1877, the case came under my care, through the favor of Dr. J. M. Smith, of Gordonsville, Va., and presented the external physical features delineated in the accompanying illustration, taken from the tumor immediately after removal. After consultation with Dr. William H. Van Buren I removed the tumor, and with it nearly all the cartilage of the auricle down to the bony rim of the external auditory canal, leaving the pendent lobule and skin enough to make a projection somewhat resembling a small auricle. I found that the scissors were better than the knife for separating the skin from the cartilage, and cutting away the cartilage itself. After removing the mass with a margin of apparently healthy skin half an inch in breadth, and all the cartilage at all involved in it as well as contiguous to it, we brought the edges of the wound accurately together, retaining them by very numerous interrupted sutures of the finest silk, and completed the dressing with a large mass of dry charpie and a flannel band-

age. The lad went to Virginia on the evening of the same day, and the wound healed by primary adhesion throughout.

In June, 1878, again the tumor began to recur, showing a small nodule in the lower end of the scar near the lobule, while the other part of the line of healing remained quite healthy. Immediate removal was again advised. Whether the advice has been carried into effect we have not yet heard.

Dr. C. Heitzmann, of New York, to whose kindness I am indebted for a careful microscopic examination and drawing, reports the tumor to be a myxofibroma.

I do not report the case because tumors of the class are rarities, but because some of its features may be sufficiently peculiar to merit attention.



DRAWN BY DR. C. HEITZMAN

MYXOFIBROMA OF AURICLE

HELIOTYPIE

